

EXHIBIT 18

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Maria A. Huertas Lopez

Participant's Address:

C/1 C-2 Urb. Vista Bella Bayamón P.R. 00956

Participant's Email Address:

mhuertas1943@gmail.com

Name of Counsel:

—

Address of Counsel:

—

Email Address of Counsel:

—

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

121594

Nature of Claim:

Public Employee Claims

By:

[Signature]
Signature

Maria A. Huertas Lopez
Print Name

Title (if Participant is not an individual)

13 Aug 2021
Date

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Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Maria A Huertas Lopez
Q/1 C-2 Urb. Vista
Pella Bg. P.L.
00982

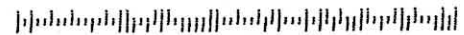
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Prime Clerk LLC
Upper Central Station
P.O. Box 4850
New York, NY 10163-4850

10163-485050



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1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Maria A. Huertas

Participant's Address:

41 E-2 Urb. Vista Bella Bayamon P.R. 00982

Participant's Email Address:

mhuertas1943@gmail.com

Name of Counsel:

—

Address of Counsel:

—

Email Address of Counsel:

—

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

144669

Nature of Claim:

Commonwealth of P.R.

By:

Maria A. Huertas Lopez

Signature

Print Name

Title (if Participant is not an individual)

Date

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Maria A. Huertas Lopez
C/O 0-2 Vista Bella
San Juan P.R. 00956

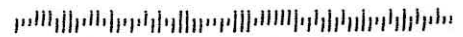
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Participant's Name: _____

Participant's Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Print Name

Title (if Participant is not an individual)

Date _____

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Maria A. Huertas Lopez
C/1 C-2 Urb. Yota
Bella Bay P.R.
00950

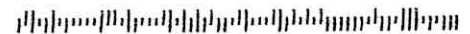
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San Central Station
P.O. Box 4850
New York, NY 10163-4850

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Participant's Name:

Maria A. Huertas Lopez

Participant's Address:

C/1 C/2 Urb. Vista Bella Bay P.R. 00956

Participant's Email Address:

uhuertas1943@gmail.com

Name of Counsel:

—

Address of Counsel:

—

Email Address of Counsel:

—

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

113691

Nature of Claim:

Employees Retirement System of the Government of the Commonwealth of P.R.

By:

Maria A. Huertas

Signature

[Signature]

Print Name

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PRIME CLERK LLC

Title (if Participant is not an individual)

13 agosto 2021

Date

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Maica Q. Huertas Lopez
41 C-2 Urb. Vista
Bella Bayshore Pk.
00956

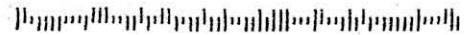
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Bus Central Station
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Participant's Address:

C/1 C-2 Urb. Vista Bella Bayamón P.R. 00956

Participant's Email Address:

mhuertas1943@gmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

120808

Nature of Claim:

Commonwealth of P.R.

By:

Signature

Maria A. Huertas Lopez

Print Name

Maria A. Huertas Lopez

Title (if Participant is not an individual)

Date

13 agosto 2021

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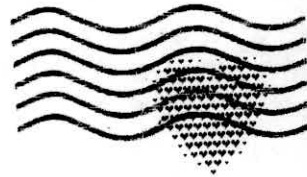
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Maria A. Huertas Lopez
01, 0-2 Urb. Vista
Bella Bay P.R. 00986

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P.O. Box 4850
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